

Registration Form

Prehospital Management of Traumatic Brain Injury **Instructor Course**

Presented by the Brain Trauma Foundation
Improving the outcome of traumatic brain injury patients nationwide



Pre-registration is required by July 25, 2006

Please complete the following form and mail it to the address listed at the bottom of this page:

Last Name: _____

First Name: _____ MI: _____

Former/Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Social Security #: _____ Date of Birth: Month ____ Day ____ Year ____

I will attend:

- ☐ Regional West Medical Center – Thursday, August 10, 2006
(Western Nebraska CC – Harms Center)
- ☐ Central Community College/Grand Island – Saturday, August 12, 2006
(Rooms 210 and 211)
- ☐ Northeast Community College/Norfolk – Sunday, August 13, 2006
(Lifelong Learning Center: Suites E and F)

I am taking this class for:

- ☐ 8 hours of EMS instructor continuing education hours
- ☐ 7 hours of AMA, PRA and AACN Category A Credit hours

Nebraska Health and Human Services System
Emergency Medical Services Program
Attention: Aimee Pearce
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509